

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Application Number 09/091,958		Filing Date		
								Applicant(s)				
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/											
2		/										
3	/	/										
4	/	/										
5		/										
6		/										
7		/										
8		/										
9		/										
10		/										
11		/										
12	/											
13		/										
14		/										
15		/										
16		/										
17		/										
18		/										
19		/										
20		/										
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
Total Indep	2											
Total Depend	16											
Total Claims	18											
51												
52												
53												
54												
55												
56												
57												
58												
59												
60												
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
Total Indep												
Total Depend												
Total Claims												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO. 09/071958	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						61		
2		1		1		1	62		
3		2		1		1	63		
4		2		1		1	64		
5		2		1		1	65		
6		2		1		1	66		
7		2		1		1	67		
8		2		1		1	68		
9		2		1		1	69		
10		2		1		1	70		
11		2		1		1	71		
12	1		1		1		72		
13		1		1		1	73		
14		2		1		1	74		
15		2		1		1	75		
16				1		1	76		
17				1		1	77		
18				1		1	78		
19				1		1	79		
20				1		4	80		
21							81		
22							82		
23							83		
24							84		
25							85		
26							86		
27							87		
28							88		
29							89		
30							90		
31							91		
32							92		
33							93		
34							94		
35							95		
36							96		
37							97		
38							98		
39							99		
40							100		
41							TOTAL IND.		
42							TOTAL DEP.		
43							TOTAL CLAIMS		
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.	2		2		2				
TOTAL DEP.	17		18		17				
TOTAL CLAIMS	19		20		19				

BEST AVAILABLE COPY

1